

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1							
2	1							
3	1							
4	3							
5	3							
6	3							
7	1							
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49								
50								
TOTAL IND.	7							
TOTAL DEP.	11							
TOTAL CLAIMS	13							
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								